

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

TYRONE GREEN,	:	CA. No. 03-149 Erie
	:	
Plaintiff,	:	
	:	District Judge McLaughlin
vs	:	
	:	Magistrate Judge Baxter
MARTIN HORN, ET AL	:	
	:	<i>Filed Electronically</i>
Defendants.	:	
	:	JURY TRIAL DEMANDED

**APPENDIX IN SUPPORT OF JOINT MOTION FOR  
SUMMARY JUDGMENT AND IN OPPOSITION TO  
PLAINTIFF'S MOTION FOR SUMMARY JUDGMENT**

Dated: December 9, 2005

/s/ Elizabeth M. Yanelli  
\_\_\_\_\_  
ELIZABETH M. YANELLI, ESQUIRE  
Pa. I.D. No. 86932  
PIETRAGALLO, BOSICK & GORDON LLP  
The Thirty-Eighth Floor  
One Oxford Centre  
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*Attorney for Defendants,  
Mark Baker, D.O. and  
Dan Telega, P.A.*

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## **EXHIBIT A**

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

TYRONE GREEN,	:	CA. No. 03-149 Erie
	:	
Plaintiff,	:	
	:	District Judge McLaughlin
vs.	:	
	:	Magistrate Judge Baxter
MARTIN HORN, ET AL.	:	
	:	
Defendant.	:	

**AFFIDAVIT OF MARK BAKER, D.O.**

COMMONWEALTH OF PENNSYLVANIA )  
 ) SS:  
COUNTY OF ERIE )

AND NOW, this 5<sup>th</sup> day of <sup>October</sup>~~November~~, 2005, the undersigned, Mark Baker,  
D.O. personally appeared before me and deposes and says:

1. I, Mark Baker, am a physician licensed to practice medicine in the Commonwealth of Pennsylvania. I am employed by Prison Health Services, Incorporated as the Medical Director at the State Correctional Institution at Albion ("SCI-Albion").

2. The information contained in this Affidavit is true and correct and is based upon my personal knowledge.

3. I understand that a lawsuit has been filed against me and other defendants by Tyrone Green, who claims that he was denied medical treatment for an injury to his right hand while he was incarcerated at SCI-Albion.

4. I have provided treatment to Mr. Green with respect to the injury to his right hand.

5. In addition, I have reviewed Mr. Green's medical records from the Department of Corrections and Millcreek Community Hospital, which are attached to this Affidavit.

6. On August 25, 2001, Mr. Green was evaluated, by John Purvis, RN, for a complaint that Mr. Green fell in the shower, injuring his right hand. Mr. Green was placed in the infirmary for observation and a splint with an Ace wrap was applied to his right hand. He was also ordered 800 milligrams of Motrin for pain. (See SCI-Albion Progress Notes, 8/25/01).

7. The following day, August 26, 2001, while he was still in the infirmary for observation, Mr. Green declined medication or ice and stated that he was "alright" and wanted to rest. At that time, he had no voiced complaints and was he not in any acute distress. (See SCI-Albion Progress Notes, 8/26/01).

8. On August 26, 2001, Dr. David Bashline evaluated Mr. Green in the infirmary and ordered that Mr. Green have an x-ray the next morning. He also ordered Mr. Green to be released from the infirmary. (Physician's Orders 8/26/01).

9. On August 26, 2001, Mr. Green was released from the SCI-Albion infirmary. Mr. Green stated that he was "fine" and at that time, he had no voiced complaints. (Progress Notes, 8/26/01).

10. On August 27, 2001, Mr. Green had an x-ray of his right hand at SCI-Albion, which revealed that Mr. Green had a minimally displaced 4<sup>th</sup> metacarpal fracture. (See x-ray report, 9/18/01). The x-ray report also noted a "probable old chip at the base of the 5<sup>th</sup> metacarpal." Clinical Specialist Rebecca Gould scheduled Mr. Green for an offsite evaluation/treatment of his metacarpal fracture at Millcreek Community Hospital.

11. On August 27, 2001, I saw the patient along with Physician's Assistant Dan Telega.

12. On August 27, 2001, I ordered Mr. Green to be sent to Millcreek Community Hospital for an orthopedic consultation via state car. (See Physician's Orders, 8/27/01). Mr. Telega entered my Physician's Order dated August 27, 2001 that appears in the Physician's Orders section of Mr. Green's medical chart from SCI-Albion. I co-signed the August 27, 2001 Physician's Order, which correctly reflects my order that Mr. Green be sent to Millcreek Community Hospital for an orthopedic consultation.

13. Mr. Telega's August 27, 2001 Progress Note includes an entry that Mr. Green would be sent "to MCH [Millcreek Community Hospital] via state car for casting Security to be notified...."

14. Mr. Telega's August 27, 2001 entry in the Progress Notes does not accurately reflect the treatment plan for Mr. Green's right hand injury and does not accurately reflect the August 27, 2001 order that appears in the Physician's Orders.

15. Notwithstanding Mr. Telega's notation in the Progress Note of August 27, 2001, at no time had I ordered a cast to be placed on Mr. Green's hand, nor did I find a cast to be medically necessary or appropriate.

16. Further, at no time was an order issued to have Mr. Green's hand placed in a cast. Rather, my order was only that Mr. Green be transported to Millcreek Community Hospital for orthopedic consultation.

17. Mr. Green was taken to Millcreek Community Hospital on August 27, 2001, where he was examined by Dr. Bereczki and attending orthopedic specialist, Dr. Tony Ferretti.

18. Upon physical examination of Mr. Green's right hand, Dr. Bereczki and Dr. Ferretti noted that Mr. Green had diffuse swelling of his right hand. It was noted that Mr. Green's capillary refill was intact and that his right hand showed no neurological deficit. His condition was noted to be "stable" and "improved." (See Millcreek Community Hospital Records).

18. As reflected in Mr. Green's medical records from Millcreek Community Hospital, Mr. Green was ordered to receive an ulnar gutter splint and a sling, both of which Mr. Green received that day, and Mr. Green was instructed to rest, apply ice, and elevate his right hand. At no time was a cast ordered.

19. The orthopedic specialists at Millcreek Community Hospital did not order Mr. Green to receive a cast and it was determined that casting was not medically necessary.

20. Prior to his discharge from Millcreek Community Hospital, Mr. Green was provided with follow-up instructions, entitled "Orthopedic Instructions". The follow-up instructions did not include any order that Mr. Green receive a cast to treat his injury. (See Millcreek Hospital Records).

21. Mr. Green was not ordered to receive a cast. He was ordered to have a follow-up appointment at 2:15 p.m. on September 5, 2001 in the orthopedic clinic of the prison.

22. Mr. Green was returned from Millcreek Community Hospital to SCI-Albion on August 27, 2001, with his splint and arm sling intact and with no complaints of pain or discomfort. As reflected in the August 27, 2001 Progress Note, Mr. Green stated "I feel fine." (See Progress Notes, 8/27/01).

23. On September 4, 2001, Clinical Specialist Rebecca Gould was unable to schedule Mr. Green for a follow-up offsite visit with Dr. Tony Ferretti at the Millcreek

Community Hospital Orthopedic Clinic due to scheduling and security concerns of non-emergent outside trips. Ms. Gould spoke with Dr. Ferretti's staff regarding this issue, and Dr. Ferretti advised that Mr. Green could be evaluated onsite, at SCI-Albion, during the orthopedic clinic, on September 14, 2001.

24. On September 14, 2001, Mr. Green failed to show up for his onsite visit at the orthopedic clinic. Dr. Ferretti then ordered that Mr. Green be rescheduled to be seen offsite at Millcreek Community Hospital Orthopedics within two weeks. (See Consultation Record, 9/14/01)

25. On September 17, 2001, Clinical Specialist Rebecca Gould scheduled Mr. Green for another follow-up offsite visit with Dr. Ferretti to take place on Wednesday, September 26, 2001. However, on September 20, 2001, Dr. Ferretti reviewed Mr. Green's chart along with SCI-Albion's Physician's Assistant Tammy Mowry, who discussed Mr. Green's medical chart at length.

26. Dr. Ferretti ordered that an x-ray of Mr. Green's hand be taken onsite at SCI-Albion and that the film be transported to Millcreek Community Hospital for review by Dr. Ferretti in order to avoid any security issue of non emergent outside trips by Mr. Green.

27. Dr. Ferretti further ordered that Mr. Green be scheduled to be seen at the October 12, 2001 onsite clinic at SCI-Albion, unless he, Dr. Ferretti, deemed it necessary for Mr. Green to be seen prior to that clinic. (See Consultation Record, 10/12/01). I approved the consultation with Dr. Ferretti. (See Consultation Record, 10/12/01)

28. On September 21, 2001, during a sick call appointment with Mr. Telega, Mr. Green complained that he wanted a cast placed on his right hand. (See Progress Notes, 9/21/01). Mr. Green also complained of excessive movement in his splint and



admitted to taking his splint off to clean his right hand on a regular basis. (See Progress Notes, 9/21/01). Upon examination, it was noted that Mr. Green's splint was intact, his sensation and capillary refill were intact, and it was determined that a cast was not medically necessary. The treatment plan included that Mr. Green continue to wear the splint that was previously ordered, and that Dr. Ferretti's treatment plan to have an x-ray taken of Plaintiff's right hand and to have the film transported to Dr. Ferretti's office be followed. As reflected in the September 21, 2001 Progress Notes, Mr. Green voiced understanding of the treatment plan. (See Progress Notes, 9/21/01).

29. As per Dr. Ferretti's orders, an x-ray of Mr. Green's right hand was taken on September 21, 2001 and was provided to Dr. Ferretti's office that day.

30. Dr. Ferretti reviewed the x-ray of Mr. Green's hand on September 21, 2001 and it was noted that Mr. Green's hand was "healing well—no medical necessity to send patient offsite." (See Progress Notes, 10/1/01). Dr. Ferretti ordered that Mr. Green's offsite visit appointment be rescheduled to occur onsite at SCI-Albion on October 12, 2001.

31. Dr. Ferretti examined Mr. Green's right hand on October 12, 2001 at the orthopedic clinic at SCI-Albion and ordered that Mr. Green's splint be removed. (See Consultation Record, 10/12/01; see also X-ray Report 10/13/01 and Progress Notes, 10/12/01).

32. On October 12, 2001, Dr. Ferretti also ordered another x-ray of Mr. Green's right hand and physical therapy, both of which Mr. Green received. The October 12, 2001 x-ray revealed moderately advanced healed fractures. (See x-ray report, 10/13/01). I reviewed the x-ray report and determined that the findings were not clinically significant. (See x-ray report, 10/13/01).

33. At no time did Physician's Assistant Telega or any other medical personnel at SCI-Albion confiscate or discontinue Mr. Green's splint and sling.

34. On October 12, 2001 Dr. Ferretti ordered that Mr. Green's splint and sling be removed. (See Consultation Record, 10/12/01; see also X-ray Report 10/13/01 and Progress Notes, 10/12/01). Dr. Ferretti determined that a splint and sling were no longer medically necessary or appropriate to treat Mr. Green's right hand injury.

35. In my opinion, a splint and sling were not medically necessary or appropriate to treat Mr. Green's right hand injury after October 12, 2001.

36. On October 25, 2001, Mr. Green complained of a rash on his right hand also complained that his left ear was clogged. On observation, Mr. Telega noted that Mr. Green had a scaly patch of skin on his right hand and further noted that Mr. Green had almost full range of motion in his right wrist and that the grip strength in Mr. Green's right hand was at a level 5 out of 5.

37. Dr. David Bashline approved and co-signed Mr. Telega's notation in the Physician's Orders dated October 25, 2001 for orders that Mr. Green receive Tolnaftate cream for Mr. Green's dry skin rash. Dr. Bashline also ordered, for Mr. Green's complaints of ear symptoms that were unrelated to his right hand injury, Debrox ear drop solution, an ear irrigation, and Motrin for pain associated with Mr. Green's unrelated ear pain. (See Progress Notes, 10/25/01; see also Physician's Orders, 10/25/01). Mr. Telega also instructed and demonstrated home physical therapy exercises for Plaintiff's right hand. (See Progress Notes, 10/25/01).

38. On October 13, 2001, Mr. Green failed to show up for a physicians' assistants' sick call line. Physician's Assistant Tammy Mowery noted that there was no

medical indication to reschedule Mr. Green for the physicians' assistant's sick call line. (See Progress Notes, 10/31/01).

39. Mr. Green did not complain of any symptoms associated with his right hand injury again until December 20, 2002. The Progress Notes reveal that on December 20, 2002, Mr. Green complained of "aching" in his right hand. (See Progress Notes, 12/20/02). On observation, Mr. Green was noted to have full range of motion in his right wrist and I ordered 800 milligrams of Motrin for 14 days, to be taken with food, for Mr. Green's pain. (Physician's Orders, 12/20/02).

40. Mr. Green did not complain of any symptoms associated with his right hand injury again until January 22, 2003. On January 22, 2003, he complained of right hand pain and gastrointestinal ("GI") upset. (Progress Notes, 1/22/03). I prescribed 800 milligrams of Motrin, for 30 days, Mr. Green's pain, and instructed that Mr. Green take the Motrin with food to prevent GI upset. I also prescribed Carafate, for 30 days, in response to Mr. Green's complaints of GI upset. (Physician's Orders, 1/22/03).

41. Mr. Green did not complain of any symptoms associated with his right hand injury again until April 28, 2003, when he requested a refill of Motrin and Carafate for complaints of right hand pain. (See Progress Notes, 4/28/03). On observation, Mr. Green's right hand revealed no gross deformities. The range of motion in Mr. Green's hand was within normal limits and the neurovascular aspects of his hand were also found to be intact. (Progress Notes, 4/28/03). Dr. David Bashline ordered 600 milligrams of Motrin for 30 days and a refill of Carafate for 30 days. (Physician's Orders, 4/28/03).

42. On March 19, 2004, x-rays of Mr. Green's right hand and right wrist were taken. The March 19, 2004 x-ray of Mr. Green's right hand revealed no acute

fracture or significant deformity, and there were no significant arthritic changes. (X-ray Report, 3/18/04). The March 19, 2004 x-ray of Mr. Green's right wrist showed an old healed fracture of the base of the 4<sup>th</sup> metacarpus with no acute fracture, subluxation or deformity; the carpal bones were intact. These findings were determined not to be clinically significant.

43. At no time did any medical personnel determine that a cast was needed to treat Mr. Green's hand injury.

44. The medical staff at SCI-Albion recorded the evaluations, medications, treatment and diagnostic testing that was recommended to treat Mr. Green's injury. The medical records reflect any and all testing, evaluations, medication, and diagnostic testing that was ordered for Mr. Green. The treatment that Mr. Green received is reflected in Mr. Green's medical records.

45. The medical records from the Department of Corrections and Millcreek Community Hospital do not reflect that a permanent cast was ever ordered for Mr. Green's right hand injury by any attending physician.

46. I am not aware of any physician having ever ordered a cast to be placed on Mr. Green's right hand to treat the August 25, 2001 injury. In my opinion, a cast was neither necessary nor appropriate given the nature of the injury and Mr. Green's complaints.

47. At no time did I or any other medical provider associated with the treatment of Mr. Green's August 25, 2001 injury act with deliberate indifference to any serious medical need of Mr. Green.

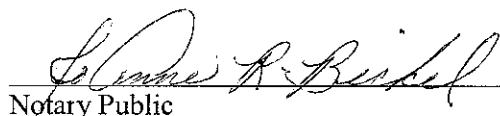
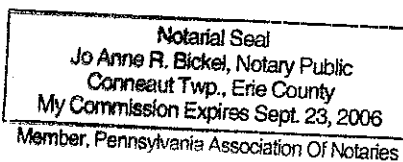
48. At all relevant times, Mr. Green received appropriate medical care and treatment for his right hand injury.



Mark Baker, D.O.

Subscribed and sworn to before me this

5<sup>th</sup> day of December, 2005

  
Notary Public

My Commission Expires:

Sept. 23, 2006



Millcreek  
Community  
Hospital

EMERGENCY ROOM / OUTPATIENT

MEDICAL RECORDS

AUTHORIZATION ON REVERSE SIDE AT# 1055553 HOUSE PHYSICIAN: FRERIE, PAUL D. D.

LAST NAME <b>GREEN, TYRONE</b>	FIRST NAME <b>TYRONE</b>	MIDDLE NAME	HOME PHONE <b>756-9722</b>	DATE AND TIME <b>082701 01:17pm</b>	EMERGENCY ROOM NO. <b>139918</b>
ADDRESS <b>10745 RT 18</b>	CITY <b>ALBION</b>	STATE <b>PA</b>	ZIP <b>16475</b>	AGE <b>31</b>	DATE OF BIRTH <b>01/23/70</b>
PATIENT'S EMPLOYER <b>UNEMPLOYED</b>	ADDRESS			SEX <b>M</b>	RACE <b>W</b>
GUARANTOR'S EMPLOYER <b>UNEMPLOYED</b>	ADDRESS			RELIGION <b>999999</b>	RES. AREA <b>999999</b>
GUARANTOR/NEAREST RELATIVE <b>ALBION STATE PRISON GUARDIAN</b>	ADDRESS <b>10745 RT 8 ALBION, PA 16401</b>			PHONE <b>756-9772</b>	
SUB NAME & REL. TO PATIENT		CLAIM - CERTIFICATE - I.D. NO. (H.I.C.)		GROUP NAME - NO.	F.C. INS. CODE
SUB NAME & REL. TO PATIENT		CLAIM - CERTIFICATE - I.D. NO. (H.I.C.)		GROUP NAME - NO.	F.C. INS. CODE

EMERGENCY ROOM ☒ OUTPATIENT ☐ FAMILY PHYSICIAN **BAKER, MARK D. D.O.** BROUGHT BY **AMBULATORY**

BRIEF HISTORY: CHIEF COMPLAINT: (IF ACCIDENT, STATE WHEN, WHERE, AND HOW INJURED) **Slipped coming out of Shower & sustained injury to Rt Hand 7:05 PM 9/5/01**

ALLERGIES **NKA** LAST TETANUS TOXOID: **8/5/01 93.53 (29125) RT 706**

MEDICATIONS **XRAY Sequence** NOTIFIED: **C-706**

NURSE'S SIGNATURE: *[Signature]* CONDITION ON ADMISSION:

PHYSICIAN'S REPORT TIME EXAMINED: PHYSICAL FINDINGS: **ORTHO NOTE - 31 yo RHD M, prisoner, fell 2 d ago + prison. Pain + swelling (Rt) hand. XRay taken in prison (+) fx (Rt) ring finger MC + avulsion base small f. MC. PE: (Rt) hand swelling / painful Moves digits (+) capillary refill**

PHYSICIAN'S ORDER: **(+) NMT** XRay: reviewed, as above

TREATMENT/PROCEDURES: **Imp: OFx / displaced (Rt) ring finger prox MC (+) Avulsion fx (Rt) small finger MC base**

MEDICATION	AMOUNT	MODE	TIME	BY

TREATMENT/PROCEDURES	TIME	TEMP. R.O.A.	P	R
<b>Ulnar gutter splint</b>	<b>14:00</b>	<b>98.1</b>	<b>76</b>	<b>18</b>
<b>Sling</b>				
<b>F/U app. 9/5/01 @ 14:15</b>				

DIAGNOSIS:

RX GIVEN

REFERRED TO:

ADMIT ☐ DR. OFF ☐ TRANSFER ☐ HOME ☐ EXPIRED ☐

CONDITION ON DISCHARGE:

FURTHER DISPOSITION

ATTENDING PHYSICIAN

DATE **9-27-01** TIME **1545**

AM P.M.

0000003



# 0010

## CONSENT FORM

### MILLCREEK COMMUNITY HOSPITAL, 5515 PEACH STREET, ERIE, PA 16509

**CONSENT TO HOSPITAL CARE:** THE UNDERSIGNED PATIENT PRESENTS HERSELF/HIMSELF FOR ADMISSION TO MILLCREEK COMMUNITY HOSPITAL ("HOSPITAL") OR EMERGENCY/OUTPATIENT CARE AND VOLUNTARILY CONSENTS TO THE RENDERING OF SUCH CARE, INCLUDING DIAGNOSTIC PROCEDURES AND MEDICAL TREATMENT, BY AUTHORIZED AGENTS AND EMPLOYEES OF THE HOSPITAL, AND BY ITS MEDICAL STAFF, OR THEIR DESIGNEES. THE UNDERSIGNED PATIENT ACKNOWLEDGES THAT NO GUARANTEES HAVE BEEN MADE AS TO THE EFFECT OF SUCH EXAMINATIONS OR TREATMENT ON MY CONDITION. DIAGNOSIS AND TREATMENT MAY, AT TIMES, INVOLVE DISCOMFORTS AND RISK OF INJURY. EACH PATIENT HAS THE RIGHT TO CONSENT TO, OR TO REFUSE, ANY PROPOSED PROCEDURE OR THERAPEUTIC COURSE. THE PATIENT'S HOSPITAL CARE IS DIRECTED BY HIS/HER ATTENDING PHYSICIAN. SINCE THE HOSPITAL IS A TEACHING HOSPITAL, PHYSICIANS, NURSES AND OTHER HEALTH CARE PROFESSIONALS IN TRAINING MAY ATTEND PATIENTS OR BE PRESENT DURING PATIENT CARE AS PART OF THEIR EDUCATION.

**RELEASE OF INFORMATION:** THE HOSPITAL MAY DISCLOSE PATIENT INFORMATION IT DEEMS APPROPRIATE TO ANY PERSONS OR CORPORATION WHICH IS OR MAY BE LIABLE UNDER A CONTRACT TO THE HOSPITAL OR TO THE PATIENT OR TO A FAMILY MEMBER OR EMPLOYER OF THE PATIENT FOR ALL OR PART OF THE HOSPITAL'S CHARGE. AT THE REQUEST OF THE PATIENT'S INSURANCE COMPANY OR OTHER PERSON OR COMPANY UNDER CONTRACT TO PAY ALL OR PART OF THE HOSPITAL'S CHARGES, THE MEDICAL RECORD WILL BE CONFIDENTIALLY REVIEWED BY PHYSICIANS OR THE DESIGNEES TO DETERMINE THE NEED FOR HOSPITALIZATION. PAYMENT BY THE INSURANCE COMPANY, OR OTHER PERSON UNDER OBLIGATION BY CONTRACT TO MAKE PAYMENT, MAY NOT BE MADE IF NO NEED FOR HOSPITALIZATION IS FOUND.

**HOSPITAL ADMISSION:** SHOULD A SURGICAL PROCEDURE BE PERFORMED ON AN ELECTIVE, EMERGENCY, OR OUTPATIENT BASIS, THE UNDERSIGNED PATIENT UNDERSTANDS THAT ADMISSION TO THE HOSPITAL AS AN INPATIENT FOLLOWING THIS PROCEDURE MAY IN SOME CIRCUMSTANCES BE DEEMED APPROPRIATE FOR OPTIMAL RECOVERY. IN THAT EVENT, THE UNDERSIGNED PATIENT AUTHORIZES THE HOSPITAL, ITS REPRESENTATIVES AND DESIGNATED PHYSICIANS, TO MAKE THAT DETERMINATION BASED ON THEIR BEST PROFESSIONAL JUDGMENT AND TO ADMIT THE UNDERSIGNED PATIENT TO THE HOSPITAL.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE FOREGOING CONSENT OR THAT THE FOREGOING CONSENT HAS BEEN READ TO HIM OR HER IN HIS PRIMARY LANGUAGE AND HAS BEEN EXPLAINED, AND THAT THE UNDERSIGNED IS SATISFIED THAT HE/SHE UNDERSTANDS THE CONTENT AND SIGNIFICANCE OF THE FOREGOING

(X) [Signature]  
(PATIENT SIGNATURE)

X08-27-01  
(DATE)

AM / PM  
TIME(CIRCLE ONE)

LB  
(WITNESS)

BECAUSE THE PATIENT IS AN UNEMANCIPATED MINOR, OR IS UNABLE TO SIGN, THE ABOVE CONSENT IS GIVEN ON THE PATIENT'S BEHALF BY THE UNDERSIGNED.

(WITNESS)

X  
(CLOSEST RELATIVE OR LEGAL GUARDIAN)

(DATE)

TIME(CIRCLE ONE)

(RELATIONSHIP TO PATIENT)

**RESPONSIBILITY FOR DISCHARGE:** I AM VOLUNTARILY LEAVING AND SIGNING OUT FROM THE MILLCREEK COMMUNITY HOSPITAL AGAINST THE ADVICE OF MY PHYSICIAN AND/OR THE MEDICAL STAFF. IN DEMANDING THIS DISCHARGE, I HEREBY RELEASE MY PHYSICIAN, THE HOSPITAL, AND ITS STAFF FROM ANY AND ALL RESPONSIBILITY.

(WITNESS)

(PATIENT SIGNATURE)

(DATE)

AM / PM  
TIME(CIRCLE ONE)

I, \_\_\_\_\_, am taking, \_\_\_\_\_ from the Millcreek Community Hospital against the advice of his/her physician and/or the Medical Staff. In demanding this discharge, I hereby release his/her physician, the Hospital, and its staff from any and all responsibility for the care, treatment, or condition of the above named patient.

(WITNESS)

(SIGNATURE)

(DATE)

AM / PM  
TIME(CIRCLE ONE)

(RELATIONSHIP TO PATIENT)

FORM 1110

00000004



5515 Peach Street • Erie, PA 16509 • 814/864-4031

**Millcreek  
Community  
Hospital**

Dear Patient:

As you are admitted to the hospital (In-patient, Out-patient surgery, or Emergency Room), Federal Law now requires us to ask you whether or not you have a written document called an "Advance Directive". This document can be a "Living Will" or "Durable Power of Attorney" which states your wishes for medical treatment should you become unable to participate in your medical care.

The brochure given to you on an inpatient admission better explains what Advance Directives are and how you are given the opportunity to complete an Advance Directive statement, should you so desire to.

You are not obligated to complete an Advance Directive statement. If you would like further information, please inform hospital personnel during your admission process. Someone from the Social Services Department or Nursing will be happy to see you.

We appreciate your comments and interest in this area. Please sign the statement below as requested. Thank you!

**INFORMATION ON ADVANCE DIRECTIVES WAS PRESENTED TO ME AS  
STATED ABOVE:**

- ☐ I "DO" HAVE AN ADVANCE DIRECTIVE DOCUMENT WITH ME AT THIS TIME.
- ☐ I "DO" HAVE AN ADVANCE DIRECTIVE, BUT IT IS NOT WITH ME AT THIS TIME.
- ☒ I "DO NOT" HAVE AN ADVANCE DIRECTIVE DOCUMENT AT THIS TIME.
- ☐ I WOULD LIKE FURTHER INFORMATION ON COMPLETING AN ADVANCE DIRECTIVE AT THIS TIME.

*[Signature]* 08-27-01  
(PATIENT SIGNATURE) (DATE)

Providing total health care since 1950

FORM 1140

00000005



Name TYRONE GREENMILLCREEK COMMUNITY HOSPITAL  
5515 Peach Street  
Erie, PA 16509Date 8/27/01ORIHOPEDIC INSTRUCTIONS

- ☒ Keep your cast/dressings clean and dry.
- ☐ Do not put anything inside your cast/dressings.
- ☐ Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
- ☒ Check toes and fingers frequently for swelling.
- ☒ Move toes and fingers frequently to prevent swelling and stiffening.
- ☐ Do not bear weight for \_\_\_\_\_ hours on a walking cast.
- ☐ Always wear cast boot when bearing weight on walking cast.
- ☒ Wear arm sling \_\_\_\_\_
- ☐ Use your crutches as directed and always bring them to every appointment.
- ☐ Never trim or cut down the length of your cast by yourself.
- ☒ Call Millcreek Community Hospital at (864-4031) if:
- Pressure points or rubbing develops under your cast.
  - Your exposed body area (fingers or toes) becomes numb or cool.
  - Your cast softens, cracks, or breaks.
  - You experience a significant increase in pain.
- ☐ You have a prescription for \_\_\_\_\_ take \_\_\_\_\_
- ☐ You have a clinic appointment at the hospital at 14:15 AM/PM on 9/5/01
- ☐ Call \_\_\_\_\_ (864-4031) at 8 AM on \_\_\_\_\_ at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital.
- ☐ Call the office (864-5455) today for an appointment for \_\_\_\_\_
- ☐ Your Attending Orthopedist is : \_\_\_\_\_
- ☐ No school until \_\_\_\_\_
- ☐ May return to school \_\_\_\_\_
- ☐ No Gym until released by Attending Orthopedist \_\_\_\_\_
- ☐ No work until released by Attending Orthopedist \_\_\_\_\_
- ☐ May return to work \_\_\_\_\_

☐ ADDITIONAL INSTRUCTIONS

Post / ice / elevate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Form #630

0000006

## Emergency Department Record

☐ Chart Complete

Time of Initial M.D./D.O. evaluation:

AM/PM Mode of arrival: ☐ Pvt. Auto ☐ Ambulance ☐ Police

PMD:

CC:

Dictated ☐ -

Elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms

Bed Number:

HPI: Patient is a old with complaint of:

31 y.o. transferred from Albin State Correctional Facility - Hx of falling 2 days ago  
x-comp at prison central fracture

PMH: ☐ No serious illness ☐ Old chart reviewed (date): / / ☐ A-fib ☐ Appy. ☐ Asthma ☐ CABG ☐ CAD ☐ CHF

LMP: / /

☐ Cholecyst. ☐ COPD ☐ CVA ☐ HTN ☐ Hyperchol. ☐ IDDM ☐ NIDDM ☐ MI ☐ PTCA ☐ Seizures ☐ TIA

Tetanus: yrs.

Meds: ☐ None ☒ Agree with triage listChildhood immunizations: ☐ UTDAllergies: ☒ NKDAFH: ☐ No related family hx

SOC: Tobacco:

ETOH:

Drugs:

Marital (circle): S M W D Occup:

Neg.	See HPI	REVIEW OF SYSTEMS (Circle Abnormals)	Neg.	See HPI	REVIEW OF SYSTEMS (Circle Abnormals)
<input checked="" type="checkbox"/>		CONST: fever - chills - wt. loss - weakness	<input checked="" type="checkbox"/>		MUSC: new bone or joint pain - back problems
<input checked="" type="checkbox"/>		EYES: acuity change	<input checked="" type="checkbox"/>		INTEG: skin lesions - rash
<input checked="" type="checkbox"/>		ENMT: hearing loss - earache - nasal drainage - sore throat	<input checked="" type="checkbox"/>		NEURO: syncope - focal weakness - HA - seizure - dizziness
<input checked="" type="checkbox"/>		RESP: SOB - cough - sputum - wheezing	<input checked="" type="checkbox"/>		PSYCH: prior psych hx - depression - anxiety
<input checked="" type="checkbox"/>		CV: chest pain - palpitations - PND - orthopnea	<input checked="" type="checkbox"/>		ENDO: polyuria - polydipsia
<input checked="" type="checkbox"/>		GI: nausea - vomiting - diarrhea - pain - melena - hematochezia	<input checked="" type="checkbox"/>		HEME/LYMPH: bruising - adenopathy
<input checked="" type="checkbox"/>		GU: dysuria - urgency - frequency - nocturia	<input checked="" type="checkbox"/>		ALLERGIC/IMMUNO: urticaria - hayfever

ROS Details:

☐ All Other Systems Negative☐ Complete History Unobtainable Due to:

## PHYSICAL EXAMINATION

☐ PE limited by acuity☐ See ED course for further PE

CONST: ☐ vitals nl, see triage T: 98.1 BP: 130 / 70 HR: 76 RR: 18  
☐ well-developed, well nourished ☒ alert ☐ no distress ☐ GCS 15 ☐ non-toxic ☒ age-appropriate behavior

Abnl/Other:

EYES: ☐ lids, conjunctiva nl ☐ PERL, irises nl ☐ discs & fundi nl

Abnl/Other:

ENMT: ☐ ext. ears, nose nl ☐ TM's, canals nl ☐ hearing grossly intact ☐ nasal exam nl ☐ lips, teeth, gums, palate nl ☐ oropharynx nl

Abnl/Other:

NECK: ☐ neck supple, symmetric, no masses ☐ thyroid nl ☐ no JVD ☐ neck nontender ☐ full ROM w/o pain

Abnl/Other:

RESP: ☒ respiratory effort nl ☐ clear to auscultation ☐ percussion nl ☐ palpation of chest nl ☐ chest symmetry & expansion nl

Abnl/Other:

CV: ☒ RRR; no murmur, gallop, rub Pulses: ☐ carotid nl ☐ abd. aorta nl ☐ femoral nl ☐ pedal nl ☐ no edema

Abnl/Other:

GI: ☐ no tenderness or mass ☐ liver & spleen nl ☐ no hernia ☐ rectal: no mass, HEME: ☐ +BS's ☐ nondistended ☐ no rebound/guarding

Abnl/Other:

GU: (male): ☐ scrotal contents nl ☐ penis nl ☐ prostate nl ☐ no CVA tenderness(female): ☐ ext. genitalia & vagina nl ☐ urethra nl ☐ bladder nl ☐ cervix nl ☐ uterus nl ☐ adnexa nl ☐ no CVA tenderness

Abnl/Other:

MUSC: Normal extremities: ☐ AH ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☐ back nl ☐ pelvis & hips nl ☐ gait & station nl ☐ digits & nails nl

Abnl/Other:

diffuse swelling @ base capillary refills intact  
 no neurological deficit

SKIN: ☐ inspection nl ☐ palpation nl ☐ well hydrated ☐ Wound recheck: healing without infection

Abnl/Other:

LYMPH: Normal nodes: ☐ cervical ☐ other:

Abnl/Other:

NEURO: ☐ CN II-XII intact ☐ DTR's symmetric ☐ sensory intact☐ motor strength nl ☐ straight leg raises neg.

Abnl/Other:

PSYCH: ☐ judgement/insight nl ☐ oriented x 3 ☐ memory nl ☐ mood nl☐ no delusions ☐ no hallucinations ☐ no suicidal/homicidal ideations

Abnl/C

ER-002 12/99

MEDICAL RECORDS

0000007

All studies interpreted by ED Physician unless otherwise noted

Cardiac monitor: <input type="checkbox"/> Normal sinus rhythm <input type="checkbox"/> Other: _____									
12 lead EKG: <input type="checkbox"/> NSR, no ischemic changes <input type="checkbox"/> Other: _____									
Pulse Ox.: _____ % on <input type="checkbox"/>		<input type="checkbox"/> Normal <input type="checkbox"/> Low		Pulse Ox. 2: _____ % on		ABG: pH _____		pO2 _____ pCO2 _____ HCO3 _____	
Radiographs: _____						<input type="checkbox"/> E.D. M.D./D.O. <input type="checkbox"/> Radiologist		<input type="checkbox"/> E.D. M.D./D.O. <input type="checkbox"/> Radiologist	
CBC: <input type="checkbox"/> WNL <input type="checkbox"/> Abnormalities: _____			CHEM: <input type="checkbox"/> WNL <input type="checkbox"/> Abnormalities: _____			PT _____ INR _____ PTT _____			
WBC _____			GLU _____			ALB _____ LDH _____			TOX _____
HGB _____ % Segs _____			BUN _____			CK _____			BLOOD ETOH _____
HCT _____ % Band _____			CR _____			SGPT _____ MB _____			OTHER: _____
PLT _____ % Lymphs _____						CO2 _____ ALK PH _____ MB % _____			
						CA _____ Bilirubin _____ Amyl _____			
						Pregnancy: _____		Positive/Negative _____	

UA:	Stool guaiac: Positive/Negative	Pregnancy: Positive/Negative
ED 2.0 hours. Procedures & Discussion:		UNSTABLE Critical care time: minutes

### ED Course, Procedures & Discussion:

**UNSTABLE** Critical care time:

minutes

TIME

X-ray

⊕ for proximal metacarpal 4<sup>th</sup> digit

(4) small cavulsion fxs, mc base 5th digit

Time patient admitted to "Observation Status"

Case discussed with:

Time patient discharged from "Observation Status"

☐ Other procedures by MD: IV / IVP Dye / NG Tube / Bladder Cath / Blood Draw

## PHYSICIAN ORDERS

TIME	LAB / X-RAY / EKG	NOTED TIME	INITIAL	TIME	MEDS / TREATMENTS	NOTED TIME	INITIAL
	<input type="checkbox"/> CBC <input type="checkbox"/> Met. Panel: ( basic/comp. ) <input type="checkbox"/> CXR ( Port/2V ) <input type="checkbox"/> EKG <input type="checkbox"/> UA ( dip/lab ) <input type="checkbox"/> CARDIAC PROFILE <input type="checkbox"/> PREGNANCY ( serum/urine ) <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> DIG. <input type="checkbox"/> URINE TOX. <input type="checkbox"/> Blood Alcohol <input type="checkbox"/> CT: <input type="checkbox"/> ULTRASOUND:				<input type="checkbox"/> IV: <input type="checkbox"/> Monitor <input type="checkbox"/> Pulse Oximetry <input type="checkbox"/> dt. .5cc IM		
	Orthopedic consult						

**IMPRESSION:** 1) Displaced fx proximal metacarpal 4th digit (R) hand  
2) Small avulsion fx base 5th metacarpal (R) hand

**DISPOSITION / AFTERCARE:**

Physician Signature: \_\_\_\_\_

Follow-up with Dr(s):

in \_\_\_\_\_ days.

Meds:

☐ A.C. Sheets:

## AUTHORIZATION

The patient was provided service & care as necessary to determine if an emergency medical condition existed. After appropriate care was provided to stabilize the patient's condition, the Healthcare Service Plan (HSP) was contacted to request payment authorization for post stabilization care. Initial telephone contact with HSP was made at \_\_\_\_\_ AM/PM. The case was discussed with \_\_\_\_\_

\_\_\_\_\_ from  
\_\_\_\_\_ (medical group) at \_\_\_\_\_ AM/PM by

ER staff member \_\_\_\_\_

Payment for post stabilization care was:

☐ Authorized for:

AUTH #

**Not Authorized**

The patient was:

☐ Discharged

Admitted to:

☐ Unable to trans

1

**CONDITION:**

☒ Improved    ☒ Stable    ☐ Unstable    ☐ Critical

000005

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
<b>X-RAY REPORT</b>			
NAME <b>GREEN, TYRONE</b>	NUMBER <b>EP4593</b>	QUARTERS <b>FA</b>	
X-RAY NUMBER <b>DOR 1-23-70</b>	DATE OF X-RAY <b>8/27/01</b>	TECHNICIAN <b>LH</b>	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION    DETAILS:		<i>Full getting out of shower 8/25/01 landing on R hand. Pain swelling 4-5 MP area R/O FX</i>	
<i>Rt hand</i>		<b>BASHINE</b> PHYSICIAN	
REPORT	<p>R HAND 3v: There is fx deformities including base of 4th metacarpal of indeterminate age. Soft tissue swelling is seen and I cannot exclude acute injury. Smoothly margined prob. old fragment at lateral aspect base of 5th metacarpal.</p> <p>IMPRESSION: Fx base of 4th metacarpal of indeterminate age. Clinical correlation recommended. Soft tissue swelling noted. Probable old chip fx base of 5th metacarpal.</p> <p>HKS/dg 9/18/01</p> <p><i>HS</i> Henry K. Smith, D.O.</p>		
DATE OF REPORT	<p><i>Dr. Mark Baker</i> Medical Director</p>		
White—MEDICAL RECORD	Canary—X-RAY FILE	Pink—RADIOLOGIST FILE Soap Note)	

A/BION

Diagnostic Stamp		
Practitioner	<i>HS</i>	
Date	<i>9-9-01</i>	
Time	<i>1600</i>	
A	N	NCS
Abnormal	Normal	Not
(Requires A)		Clinically
ROENTENOLOGIST		Significant



A/BION

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
<b>X-RAY REPORT</b>			
NAME	GREEN, TYRONE	NUMBER	EP4593
X-RAY NUMBER	DOB 1-23-70	DATE OF X-RAY	9/21/01
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION    DETAILS:		TECHNICIAN LH	
Rt hand (through splint)		Follow-up of fx	
REPORT R HAND 3v: Comparison w/ prior films 8/27/01. F/u exam through an immobilizing splint shows anatomic alignment of fx fragments at base of R 4th metacarpal. Partial widening of fx line is related to early healing. F/u recommended. IMPRESSION: <u>Anatomic alignment.</u>		PHYSICIAN <u>BAKER</u>	
SS/dg 10/10/01		Sonja Schaffer, M.D.	
DATE OF REPORT		Dr. Mark Baker Medical Director	
White—MEDICAL RECORD		Canary—X-RAY FILE	
		Pink—RADIOLOGIST FILE	

A/BION

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
<b>X-RAY REPORT</b>			
NAME	GREEN, TYRONE	NUMBER	EP4593
X-RAY NUMBER	DOB 1-23-70	DATE OF X-RAY	8/27/01
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION    DETAILS:		TECHNICIAN LH	
Rt hand		Full getting out of shower 8/25/01 landing on Rt hand. Pain swelling 4-5 MP area R/O FX	
REPORT R HAND 3v: There is fx deformities including base of 4th metacarpal of indeterminate age. Soft tissue swelling is seen and I cannot exclude acute injury. Smoothly margined prob. old fragment at lateral aspect base of 5th metacarpal. IMPRESSION: Fx base of 4th metacarpal of indeterminate age. Clinical correlation recommended. Swelling noted. Probable old chip fx base of 5th metacarpal.		PHYSICIAN <u>BASHINE</u>	
HKS/dg 9/18/01		Henry K. Smith, D.O.	
DEC 12 2003 WRO Litigation Section		Dr. Mark Baker	
DATE OF REPORT		Pink—RADIOLOGIST FILE	

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
X-RAY REPORT			
NAME	GREEN, TYRONE	NUMBER	EP4593
X-RAY NUMBER	DOB1-23-70	DATE OF X-RAY	9/21/01
		TECHNICIAN LH	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION    DETAILS:		Rt hand (through splint)    Follow-up of fx	
REPORT		PHYSICIAN BAKER	
R HAND 3v: Comparison w/ prior films 8/27/01. F/u exam through an immobilizing splint shows anatomic alignment of fx fragments at base of R 4th metacarpal. Partial widening of fx line is related to early healing. F/u recommended. IMPRESSION: <u>Anatomic alignment.</u>		Diagnostic Stamp Practitioner <i>SS</i> Date 9/11/01 Time 1340 A    N <b>NCS</b> Abnormal    Normal    Not (Requires A)    Clinically ROENTGENOLOGIST    Significant Soap Note)	
DATE OF REPORT		Dr. Mark Baker Medical Director	
White—MEDICAL RECORD		Canary—X-RAY FILE	
		Pink—RADIOLOGIST FILE	

A/BION

DC 456

## X-RAY REPORT

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

GREEN, TYRONE

NUMBER  
EP4593QUARTERS  
FARAY NUMBER  
DOB 1-23-70DATE OF X-RAY  
10/12/01

TECHNICIAN LH

☐ TREATMENT☐ EXAMINATION

DETAILS:

Rt hand

X-Ray done out of plant  
per DR FERRELLI

PHYSICIAN BAKER

PORT RIGHT HAND (3v): Compared to previous films from 9/21/01. There is progressive moderately advanced healed fractures of the base of the 4th and 5th metacarpals.

IMPRESSION; Moderately advanced healed fractures.

Henry K. Smith, D. O. A

Dr. Mark Baker

Medical Director

Canary—X-RAY FILE

Diagnostic Stamp		
Practitioner	(M)	
Date	12/6/01	
Time	1400	
O. A	N	NCS
Abnormal	Normal	Not
(Requires A	BOENTGENOLOGIST	Clinically
DC 472	Significant	
See Note	RADIOLOGIST FILE	

HKS/pjt  
E OF REPORT 13/01

White—MEDICAL RECORD

*ALBION*

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
X-RAY REPORT			
NAME <i>GREEN, TYRONE</i>	NUMBER <i>EP4593</i>	QUARTERS <i>FA</i>	
X-RAY NUMBER <i>DOB 1-23-90</i>	DATE OF X-RAY <i>10/12/01</i>	TECHNICIAN <i>LH</i>	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION    DETAILS:			
<i>RT hand</i>		<i>X-Ray done out of splint per DR FERRELLI</i>	
REPORT		PHYSICIAN <i>BAKER</i>	
RIGHT HAND (3v): Compared to previous films from 9/21/01. There is progressive moderately advanced healed fractures of the base of the 4th and 5th metacarpals.			
IMPRESSION; Moderately advanced healed fractures.			
HKS/pjt DATE OF REPORT <i>10/13/01</i>		<i>HKS</i> Henry K. Smith, D. Dr. Mark Baker Medical Director	
White—MEDICAL RECORD		Canary—X-RAY FILE	

Diagnostic Stamp

Practitioner *(initials)*

Date *2-16-01*

Time *1400*

☒ A    ☐ N    ☒ NCS  
 Abnormal    Normal    Not  
 (Requires A    RADIOLOGIST    Clinically  
 DC-456    Significant  
 See Note)

PHOTO RADIOLOGIST FILE



(G)

34410

DC-456  
(REVISED 1/2003)COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

## X-RAY REPORT

Inmate Name: Green, TyroneInmate Number: EP 4593DOB: 1-23-70Facility: NmPHYSICIAN: ArancedaDATE: 3-18-04☐ STAT☒ ROUTINEDATE TO BE DONE: 3/19/04

EXAMINATION REQUESTED

x-rays Rt. wrist & Rt. hand

REASON FOR EXAM

No for 4th & 5th MCX 2 yrs ago.pain - no new trauma

REPORT

GREEN, TYRONE EP4593 SCI HUNTINGDON

RIGHT HAND- Routine views of the right hand are compared to prior study from 10-12-03. There is mild deformity at the base of the 4th metacarpal bone consistent with healed fracture at this location. There are no new or acute fractures. A small non united boney density at the base of the 5th metacarpus may also be related to prior trauma. The bones are otherwise intact and the joint spaces are well preserved. There is mild soft tissue swelling noted.

IMPRESSION- There is evidence of prior injury as noted; no acute fracture or significant deformity. No significant arthritic changes.

RIGHT WRIST- Old healed fracture of the base of the 4th metacarpus is again noted. There is no acute fracture, subluxation or deformity. The carpal bones are intact.

Peter G. Gregory, MD  
03/22/04 lag

DATE OF REPORT

## DIAGNOSTIC STUDY STAMP

PRACTITIONER:

LA

DATE:

3/29/04

TIME:

16.00

A

N

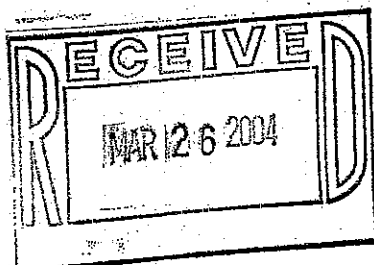
NORMAL

(REQUIRES  
DC-472 SOAP NOTE)

ROENTGENOLOGIST

DR. ARANEDA, M.D.

NCS

NOT CLINICALLY  
SIGNIFICANT

## CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <u>Initial</u> Follow-up <u>On-Site</u> Off-Site Telemedicine	
Referred to: <i>X-rays</i>	Referred by: <i>Bashline</i>	Appt. Date/Time: <i>8-27-01</i>	
Specialty:	Drug Sensitivity: <i>NKDA-</i>	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <i>X-ray - Rt hand</i>			
Treatment to Date/Current Medications and Significant Medication History: <i>Fall getting out of shower 8-25 swelling on Rt hand - Pain swelling 4-5 MP area - R/o FX</i>			
Reviewed by Medical Director: (Circle)		Approval Disapproval Date:	
Medical Director Signature:		Forwarded to UR (Date):	
UR Decision: (Circle)		Approval Disapproval Date:	
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<i>DONE 8/27/01 @ 0945</i> <i>late add on - not on x-ray callout</i> <i>LINDA HELGERT, R.T.</i>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Consultation Record  
Commonwealth of Pennsylvania  
Department of Corrections  
DC-441  
(Revised 1-01)

Inmate Name: *Greene, J. J.*  
Inmate Number: *EP 4593*  
DOB: *1-23-70*  
*NOT 10/1/90*

*FA*

## CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <u>Initial</u> Follow-up On-Site Off-Site Telemedicine	
Referred to: <u>X-rays</u>	Referred by: <u>Bashline</u>	Appt. Date/Time: <u>8-27-01</u>	
Specialty:	Drug Sensitivity: <u>NKDA</u>	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <u>X-ray - Rt. hand</u>			
Treatment to Date/Current Medications and Significant Medication History: <u>Fall getting out of shower 8-25</u> <u>swelling on Rt. hand - Pain swelling</u> <u>4-5 MP area - R/o FX</u> DR. DAVID BASHLINE D.O. <u>[Signature]</u> <u>8-26-01</u> Signature of Referring Physician Date			
Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR (Date):
Medical Director Signature:		Date:	
UR Decision: (Circle)	Approval	Disapproval	Date:
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<u>DONE 8/27/01 @ 0945</u> <u>late add on - not</u> <u>on 1-11-01 callout</u> <u>LINDA HELGERT, R.N.</u> <u>Helgert RT</u>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Consultation Record  
Commonwealth of Pennsylvania  
Department of Corrections  
DC-441  
(Revised 1-01)

Inmate Name:

Inmate Number:

DOB: 1-23-70

Greene 1 phone  
EP 4593  
FA  
NOT

## CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <u>Initial</u> Follow-up On-Site <u>Off-Site</u> Telemedicine	
Referred to: <u>H. Andy Smith / M. Toy Smith</u>	Referred by: <u>Mark Baker</u> Medical Director	Appt. Date/Time: <u>Mon 8/27/01</u>	
Specialty: <u>MLH Orthopedics</u>	Drug Sensitivity: <u>N/A</u>	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <u>Wt BL</u>  <u>② Hand Fx 8/25/01</u> <u>Fall getting out of shower</u> <u>② Hand Dominant</u>			
Treatment to Date/Current Medications and Significant Medication History:  <u>X-ray ② Minimally displaced Fx 4th metacarpal</u> <u>Proximally ② Hand (closed) - 1st &amp; 2nd</u>  <u>Wds: Risperidone 1mg po bid, Xanax 1mg po tid, Seren 5mg po bid</u> <u>Dr. Mark Baker</u> <u>Medical Director</u> <u>Signature of Referring Physician</u> <u>Date</u> <u>8/27/01</u>			
Reviewed by Medical Director: (Circle) <u>Approval</u> Disapproval	Medical Director Signature: _____	Date: _____	Forwarded to UR (Date): _____
UR Decision: (Circle) <u>Approval</u> Disapproval	Date: _____	Date: _____	
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<p>ORTHO NOTE: Pain + swelling <u>②</u> hand 8/27/01</p> <p>X-ray: <u>②</u> Fx <u>②</u> Ring / small finger metacarpals</p> <p>Impression: <u>②</u> Fx <u>②</u> Ring / small finger metacarpals</p> <p>Plan: Ulnar gutter splint <u>②</u> forearm + hand</p> <p>Will follow up in ortho clinic 9/5/01 2:15 PM</p> <p>Rest/ice/elevate sling. Keep splint dry.</p> <p><u>Burling</u> ORTHO</p>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

## CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <u>Initial</u> Follow-up On-Site <u>Off-Site</u> Telemedicine	
Referred to: <u>Mr. Anthony Green / Mr. Tony Smith</u>	Referred by: <u>Mark Baker</u> Medical Director	Appt. Date/Time: <u>Mon 8/27/01</u>	
Specialty: <u>MC-H Orthopedics</u>	Drug Sensitivity: <u>N/A</u>	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <u>Wrist</u>  <u>② hand FX 8/25/01</u> <u>Fall getting out of shower</u> <u>② hand down / wrist</u>			
Treatment to Date/Current Medications and Significant Medication History:  <u>X-ray ② minimally displaced FX 4th metacarpal</u> <u>Proximally ② hand (closed) - 1000 P-24</u>  <u>Wrist: Displaced by 1000, X-ray by 1000, Surgery 5000 P-24</u> <u>Dr. Mark Baker</u> <u>Medical Director</u> <u>Signature of Referring Physician</u> <u>8/27/01</u> <u>Telega PAC</u>			
Reviewed by Medical Director: (Circle) <u>Approval</u> Disapproval	Date:	Forwarded to UR (Date):	
Medical Director Signature:			
UR Decision: (Circle) <u>Approval</u> Disapproval	Date:		
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<p>ORTHO NOTE: Pain + swelling <u>②</u> hand 8/27/01</p> <p>X-ray: <u>②</u> fx <u>②</u> Ring / small finger metacarpals</p> <p>Impression: <u>②</u> forearm + hand</p> <p>Plan: Ulcer gutter splint <u>②</u> forearm + hand</p> <p>Will follow up in ortho clinic 9/5/01 2:15 PM</p> <p>Rest/ice/elevate sling. Keep splint dry.</p> <p><u>Benling</u> ORTHO</p>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Consultation Record  
Commonwealth of Pennsylvania  
Department of Corrections  
DC-441  
(Revised 1-01)

Inmate Name:

Inmate Number:

DOB:

Facility:

Green, Tyrone  
EP4593  
1/23/70

Dr. Mark Baker  
Medical Director



Name

T. PRO. GREEN

MILLCREEK COMMUNITY HOSPITAL

5515 Peach Street

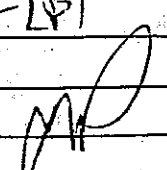
Erie, PA 16509

Date

8/27/01

ORTHOPEDIC INSTRUCTIONS

- (✓) Keep your cast/dressings clean and dry.
- (✓) Do not put anything inside your cast/dressings.
- (✓) Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
- (✓) Check toes and fingers frequently for swelling.
- (✓) Move toes and fingers frequently to prevent swelling and stiffening.
- ( ) Do not bear weight for \_\_\_\_\_ hours on a walking cast.
- (✓) Always wear cast boot when bearing weight on walking cast.
- (✓) Wear arm sling \_\_\_\_\_
- ( ) Use your crutches as directed and always bring them to every appointment.
- ( ) Never trim or cut down the length of your cast by yourself.
- (✓) Call Millcreek Community Hospital at 864-4031 if:
- Pressure points or rubbing develops under your cast.
  - Your exposed body area (fingers or toes) becomes numb or cool.
  - Your cast softens, cracks, or breaks.
  - You experience a significant increase in pain.
- ( ) You have a prescription for \_\_\_\_\_ take \_\_\_\_\_
- ( ) You have a clinic appointment at the hospital at 14:15 AM PM on 9/5/01.
- ( ) Call \_\_\_\_\_ (864-4031) at 8 AM on \_\_\_\_\_ at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital.
- ( ) Call the office (864-5455) today for an appointment for \_\_\_\_\_
- (✓) Your Attending Orthopedist is : TONY FERRETTI
- ( ) No school until \_\_\_\_\_
- ( ) May return to school \_\_\_\_\_
- ( ) No Gym until released by Attending Orthopedist \_\_\_\_\_
- ( ) No work until released by Attending Orthopedist \_\_\_\_\_
- ( ) May return to work \_\_\_\_\_
- ( ) ADDITIONAL INSTRUCTIONS

Rest / ice / elevateLight duty onlyDr. Mark Baker  
Medical DirectorF-241 116  


Name TRON E GREEN  
 Date 8/27/01

MILLCREEK COMMUNITY HOSPITAL  
 5515 Peach Street  
 Erie, PA 16509

### ORTHOPEDIC INSTRUCTIONS

- ☒ Keep your cast/dressings clean and dry.
- ☒ Do not put anything inside your cast/dressings.
- ☒ Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
- ☒ Check toes and fingers frequently for swelling.
- ☒ Move toes and fingers frequently to prevent swelling and stiffening.
- ☐ Do not bear weight for \_\_\_\_\_ hours on a walking cast.
- ☒ Always wear cast boot when bearing weight on walking cast.
- ☒ Wear arm sling \_\_\_\_\_
- ☐ Use your crutches as directed and always bring them to every appointment.
- ☒ Never trim or cut down the length of your cast by yourself.
- ☒ Call Millcreek Community Hospital at 864-4031 if:
  - a. Pressure points or rubbing develops under your cast.
  - b. Your exposed body area (fingers or toes) becomes numb or cool.
  - c. Your cast softens, cracks, or breaks.
  - d. You experience a significant increase in pain.

- ☐ You have a prescription for \_\_\_\_\_ take \_\_\_\_\_
- ☐ You have a clinic appointment at the hospital at 14:15 9/5/01 AM ☒ PM
- ☐ Call \_\_\_\_\_ (864-4031) at 8 AM on \_\_\_\_\_ at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital.
- ☐ Call the office (864-5455) today for an appointment for \_\_\_\_\_
- ☒ Your Attending Orthopedist is : TONY FERRETTI
- ☐ No school until \_\_\_\_\_
- ☐ May return to school \_\_\_\_\_
- ☐ No Gym until released by Attending Orthopedist \_\_\_\_\_
- ☐ No work until released by Attending Orthopedist \_\_\_\_\_
- ☐ May return to work \_\_\_\_\_

### ADDITIONAL INSTRUCTIONS

Rest / ice / elevate

Light duty only

Dr. Mark Baker  
 Medical Director

F2P1 / 11b

No. \_\_\_\_\_

**CONSULTATION RECORD**

Part A: To be completed by referring institution:		Type of Consult: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site
Dr. Tony Ferretti 5451 Peach St. Erie, PA 16509		Referred by: (physician name)  Dr. Mark Baker Medical Director
Specialty: Orthopedics		Appt. Date: Fri 9/14/01 Appt. Time:
Drug Sensitivity: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		
Copies of lab and X-ray results attached? Yes No If yes, specify:		
Reason for Referral: <i>FX of 9-51 145 hr gnd SFA @ 4th + 5th metatarsal for</i>		
History of Injury/Problem:		Date of Onset: <i>(9-24-01) - Evening 8-25-01</i> <i>fx</i> <i>fx in 4th + 5th metatarsal (SFA + fx)</i>
Treatment to Date/Current Medications and Significant Medication History:  Dr. Mark Baker Medical Director <i>[Signature]</i> Signature of Referring Physician Date		
<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval		Medical Director Signature: _____ Date: _____
Transmittal Date: _____		Transmitted By: _____
Approval Date: _____		Approved By: _____
Part B: To be completed by consulting Physician and returned with officer to the institution:		
Diagnosis and Recommendations: <i>No show -</i> <i>Ref offsite Ortho clinic @</i> <i>MCH. Reference could</i> <i>Clinical Specialist</i> <i>[Signature]</i>		
Signature of Consulting Physician		Date

Consultation Record  
Commonwealth of Pennsylvania  
Department of Corrections  
DC-441

Inmate Name: *Gregory T. [unclear]*  
Inmate Number: *04593*  
DOB: *1-13-74*  
Institution: *SCI Alb*

*(FA)*  
*[Signature]*  
*9-14-01*  
*(13)*



No. \_\_\_\_\_

## CONSULTATION RECORD

Part A: To be completed by referring institution:		Type of Consult: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site
Dr. Tony Ferretti 5451 Peach St. Erie, PA 16509  Specialty: Orthopedics		Referred by: (physician name) Dr. Mark Baker Medical Director  Appt. Date: Fri 9/14/01 Appt. Time:
Drug Sensitivity: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		
Copies of lab and X-ray results attached? Yes No If yes, specify:		
Reason for Referral: JUV at 9-5-01 1415 hr gnd SRA @ 4th + 5th metatarsal for (P-241)-Emmery R-251 dx		
History of Injury/Problem: Date of Onset: dx: P-241-Emmery R-251 dx		
Treatment to Date/Current Medications and Significant Medication History:		
Dr. Mark Baker Medical Director Signature of Referring Physician Date:		
<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Medical Director Signature: Date:		
Transmittal Date: Transmitted By:		
Approval Date: Approved By:		
Part B: To be completed by consulting Physician and returned with officer to the institution:		
Diagnosis and Recommendations: No Show - Refr. Offside Ortho Clinic @ MCH. Rebecca Gould R. H. Gould Clinical Specialist		
Signature of Consulting Physician Date:		

Consultation Record  
 Commonwealth of Pennsylvania  
 Department of Corrections  
 DC-441

Inmate Name: Gary T. Free  
 Inmate Number: 814593  
 DOB: 1-23-64  
 Institution: SCI Albion

(FA) 9-14-01 (13)

# CONSULTATION RECORD

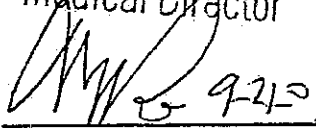

Part A: Completed by referring facility:		Type of Consult (Circle) Initial Follow-up <u>On-Site</u> <del>On-Site</del> Telemedicine
Referred to: Dr. T. Ferretti - mch ortho clinic	Referred by: Dr. Bashline	Appt Date/Time: Fri 10/12/01 0930
Specialty: Ortho.	Drug Sensitivity: NKDA.	Copies of relevant health information attached: (circle) <u>Yes</u> No
Reason for Referral/ History of Present Illness/Injury: Flu - S/P @ 4th & 5th metacarpal fx (8/27/01)		
Treatment to Date/Current Medications and Significant Medication History: Plt in ulnar gutter splint. Plt "No show" 9/14 onsite clinic		
Reviewed by Medical Director: (Circle) <u>Approval</u> <del>Disapproval</del> Medical Director Signature: <u>[Signature]</u> Date: <u>9-17-01</u>		Forwarded to UR (Date): <u>9-14-01</u> Signature of Referring Physician <u>[Signature]</u> Date
UR Decision: (Circle) <u>Approval</u> <del>Disapproval</del>		Date:
Part B: To be completed by consulting Physician and returned with officer to the institution:		
<p>9/20/01 Dr Ferretti v.s. to perform AP/Lat/Oblique Xray thru splint &amp; we will take to mch for review by Ortho Surg. Reschedule at 10/22/01 onsite clinic unless decided necessary to be seen prior to that clinic. Will await Dr Ferretti's orders. Please Bevan</p> <p><u>Plt hand</u>: Splint intact - had been removed as per <u>Arline Bevan</u> Site Administrator <u>HS</u></p> <p><u>elbow</u> - <u>fracture w/ articular surface</u> <u>2' of immobilization</u></p> <p><u>Distal radius</u> @ <u>ap</u> @ <u>lat</u> @ <u>oblique</u> <u>2' of immobilization</u></p> <p><u>Sp</u>: <u>fx base of 4th &amp; 5th metacarpals</u> <u>Board</u> <u>10/12/01</u></p>		
Signature of Medical Director Date/Time: <u>Don DVM (P) D.T. APRN 1/11</u>		Signature of Consulting Physician Date/Time: <u>[Signature]</u>

Consultation Record  
Commonwealth of Pennsylvania  
Department of Corrections  
DC-441 Mark Baker (Revised 1-01)  
Medical Director

Inmate Name: *Greene, Tyrone*  
Inmate Number: *EP 4593*  
DOB: *1/23/20*  
Facility: *Albion*

FA

## CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up On-Site Off-Site Telemedicine			
Referred to: <i>X-ray</i>	Referred by: <i>D Baker</i>	Appt. Date/Time:			
Specialty: <i>ortho</i>	Drug Sensitivity:	Copies of relevant health information attached: (circle) Yes No			
Reason for Referral/ History of Present Illness/Injury:  <i>Ⓟ hand</i> <i>AP / LAT / oblique through splint</i>					
Treatment to Date/Current Medications and Significant Medication History:  <div style="text-align: right;"> <i>Dr. Mark Baker</i>  <i>Medical Director</i>              Signature of Referring Physician Date <i>9-21-01</i> </div>					
Reviewed by Medical Director: (Circle)		Approval		Disapproval	
Medical Director Signature:		Date:		Forwarded to UR (Date):	
UR Decision: (Circle)		Approval		Disapproval	
		Date:		Date:	
Part B: To be completed by consulting Physician and returned with officer to the institution:					
<div style="text-align: center;"> <i>DONE 9/21/01 @ 1019</i>  <i>late add m - not</i>  <i>on x-ray callout</i>  <i>LINDA HELGERT, R.T.</i>   </div>					
Signature of Medical Director Date/Time			Signature of Consulting Physician Date/Time		